

ISSUE LIP STAPLE AREA (for additional cross references)

09/1041030

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | hup | | 2-28-00 |
| O.I.P.E. CLASSIFIER | | 8 | 9-1-00 |
| FORMALITY REVIEW | SM | 829 | 10-03-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 + Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)